

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005832 (0)

1. Corporation Name

HIGH RIDGE TRAIL MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

2801 SW COLLEGE RD
SUITE 1
OCALA FL 34474

Mailing Address

2801 SW COLLEGE RD
SUITE 1
OCALA FL 34474

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

MACKAY, DAVID L
2801 SW COLLEGE RD
SUITE 1
OCALA FL 34474

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

13.

TITLE D [] DELETE
NAME MACKAY, GEORGE L
STREET ADDRESS 501 PAWNEE TRAIL
CITY-STATE-ZIP MAITLAND FL 32751
TITLE D [] DELETE
NAME MACKAY, ELOISE B
STREET ADDRESS 501 PAWNEE TRAIL
CITY-STATE-ZIP MAITLAND FL 32751
TITLE D [] DELETE
NAME MACKAY, DAVID L.
STREET ADDRESS 2801 SW COLLEGE RD., SUITE 1
CITY-STATE-ZIP Ocala FL 34474
TITLE [] DELETE
NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-STATE-ZIP [] DELETE
TITLE [] DELETE
NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-STATE-ZIP [] DELETE

1.1 TITLE [] Change [] Addition
1.2 NAME [] Change [] Addition
1.3 STREET ADDRESS [] Change [] Addition
1.4 CITY-STATE-ZIP [] Change [] Addition
2.1 TITLE [] Change [] Addition
2.2 NAME [] Change [] Addition
2.3 STREET ADDRESS [] Change [] Addition
2.4 CITY-STATE-ZIP [] Change [] Addition
3.1 TITLE [] Change [] Addition
3.2 NAME [] Change [] Addition
3.3 STREET ADDRESS [] Change [] Addition
3.4 CITY-STATE-ZIP [] Change [] Addition
4.1 TITLE [] Change [] Addition
4.2 NAME [] Change [] Addition
4.3 STREET ADDRESS [] Change [] Addition
4.4 CITY-STATE-ZIP [] Change [] Addition
5.1 TITLE [] Change [] Addition
5.2 NAME [] Change [] Addition
5.3 STREET ADDRESS [] Change [] Addition
5.4 CITY-STATE-ZIP [] Change [] Addition
6.1 TITLE [] Change [] Addition
6.2 NAME [] Change [] Addition
6.3 STREET ADDRESS [] Change [] Addition
6.4 CITY-STATE-ZIP [] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/98 (107) 644-2113
Date Daytime Phone #

FILED
Oct 08 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

59-3327829

Applied For
Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution [X]

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association? [] Yes [] No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. [] Yes [] No

10. Name and Address of New Registered Agent

CR2E037 (5/98)